



Name (print) Lois Avery Office (if applicable) Secretary of State District (if applicable) \_\_\_\_\_

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Lois Avery

Secretary of State

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (SEE INSTRUCTIONS NRS 201A.365)	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SA Engineering 2900 Fantasy Ln Sparks NV 89436	A	10/16/02	24.11
SA Engineering 2900 Fantasy Ln Sparks NV 89436	D	10/21/02	116.63

This page may be copied or duplicated if additional space is needed.